



N208(CHFL)

Claim Form

(CPR Part 8)

In the **High Court of Justice**
Chancery Division
Financial List
Royal Courts of Justice

	<i>for court use only</i>
Claim no.	
Issue date	

Claimant(s)



Defendant(s)

Name and Address of Defendant receiving this claim form

Court fee	
Legal representative's costs	

Claim no.	
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Details of claim

Statement of Truth

*(I believe)(The Claimant believes) that the facts stated in this claim form are true.

* I am duly authorised by the claimant to sign this statement

Full name _____

Name of *(claimant)(’s legal representative’s firm) _____

signed _____ position or office held _____

*(Claimant)(’s legal representative)

(if signing on behalf of firm, company or corporation)

**delete as appropriate*

Claimant’s or legal representative’s address to which documents or payments should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.